


# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> TRUE NORTH COFFEE HOUSE		<b>Telephone Number</b> Est 812-266-0152 Own 812-557-0791		<b>Date of Inspection</b> 08/04/2022	<b>ID#</b>
<b>Address</b> 137 E MARKET STREET STE 50, NEW ALBANY IN 471		<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		<b>Follow Up</b>	<b>Released</b> 08/14/2022
<b>Owner</b> MICHELLE RYAN				<b>Menu Type</b> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Owner's Address</b> 137 E. MARKET STREET NEW ALBANY, IN 47150					
<b>Person in Charge</b> MICHELLE RYAN					
<b>Responsible Person's Email</b> GWENLYSON@GMAIL.COM					
<b>Certified Food Handler</b> GWEN BOWMAN					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
346		X		Observed no handsoap at hand sink beside 3 comp.	1 day
411		X		Measure lighting in restroom at 1 footcandle. 20 ftc is minimum for this area.	2 weeks
<b>Summary of Violations</b> C <u>0</u> NC <u>2</u> R <u>0</u>					
Received by (name and title printed): MICHELLE RYAN				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): 	
cc:		cc:		cc:	